STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013069	A. BUILDING: _____ B. WING _____	R-C 10/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES AT DEER CREEK	401 EAST US 30 SCHERERVILLE, IN 46375

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on August 14, 2014. Survey date: October 23, 2014 Facility number: 013069 Provider number: 013069 AIM number: N/A Survey team: Cynthia Stramel, RN - TC Heather Tuttle, RN Census bed type: Residential: 81 Total: 81 Census payer type: Other: 81 Total: 81 Sample: 5 Residences at Deer Creek was found to be in compliance with 410 IAC 16.2.5 in regard to the PSR to the State Licensure Survey. Quality review completed on October 28, 2014, by Janelyn Kulik.	{R 000}		